JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

GOVERNOR DOYLE'S TASK FORCE TO IMPROVE ACCESS TO ORAL HEALTH
DECEMBER 10, 2004
MEETING MINUTES

Members: Present: Erendira Almanza, Lori Barbeau, Bill Bazan, Stephanie Burrell, David Carroll, Blane Christman (Chair), Carl Eisenberg, Monica Hebl, Maureen Oostdik-Hurd, Midge Pfeffer, Carrie Stempski, Graciela Villadoniga

Staff: Diane Welsh and Kay Lund

At 10:00 am, the Chair of the Task Force, Dr. Blane Christman, called the meeting to order.

The minutes of Nov. 19, 2004 were revised and approved.

The meeting began with presentations from several organizations involved in Wisconsin's oral health system.

Wisconsin Dental Association: Eva Dahl gave the members information about existing and future workforce needs. She stressed the need to look at the increased productivity of dentists when calculating the ratio of dentists to clients to determine whether or not there is an adequate workforce. Eva did point out that there is a distribution problem in some areas of the state and that incentives, like loan forgiveness and economic incentives, may be needed to attract dentists to rural and shortage areas. She also touched on dentist participation in Medicaid and their concern about the reimbursement rate.

Next, Sarah Lewis from the Wisconsin Primary Health Care Association presented information from their survey on Wisconsin's dental health workforce and the need for intervention to increase the supply of oral health professionals. She also called for action by the DEB to address licensure barriers for fellowships or volunteers and to set up a mechanism to allow qualified foreign-trained dentists to practice in Wisconsin. The Association also supports 1) providing loan forgiveness or grants (financial support) to students who go to any dental school and agree to go into practice in rural/shortage areas in Wisconsin, 2) adding funding to the existing state loan repayment program, and 3) allowing all dental practitioners to practice to the extent of their training.

Emily Kinsell Bergerand of the Wisconsin Dental Hygienists Association and Kathleen Endres of the Dental Hygiene Association of Wisconsin (DHAW) provided information on the training, testing and licensure of dental hygienists that prepares them to do screenings and prevention procedures while referring those who need restorative care to a dentist. Key findings of the Dental Hygiene Workforce Survey were given to the members.

The 2000 DHAW Workforce Survey found that one in four dental hygienists do not think there are enough job opportunities available to them. Both Associations support 1) expanding the settings where hygienists can practice dental hygiene or perform remediable procedures, 2) clarifying the full scope of hygienist's practice without a prescription, 3) allowing hygienists to be employed in non-traditional settings like medical clinics, nursing homes and hospitals, 4) enacting a separate dental hygiene examining board, 5) expanding their scope of practice with additional education, and 6) setting their legal scope of practice to reflect accreditation standards.

Dean William Lobb from Marquette University Dental School answered several questions for the Task Force members on the number of dentists trained in Wisconsin as well as their educational programs. The dental school was built to educate approximately 80 new students each year. The number of Wisconsin students has grown in the last several years, reaching 40 students, one-half the new student population. They have a future goal of 50 in-state each year. Dean Lobb gave the Task Force members information about the students and curriculum at Marquette Dental School. He mentioned their Jamaican Dentistry Program which gives dental students the opportunity to gain experience in treating diverse client populations over their school breaks.

Lynn Goetsch from the Madison Area Technical College dental hygienist program provided information about oral health programs at Wisconsin's technical colleges. The average time on the waiting list for the dental hygiene program is 2 years. Statewide, the Wisconsin Technical College System graduates about 150 hygienists per year. Many graduates are having trouble finding jobs, especially full-time positions. Even though the state is experiencing workforce shortages, the schools cannot sensibly increase enrollment without changes in the clarification of the scope of practice or in the allowable practice settings. The dental hygiene programs at the technical colleges could provide more services in the community if they were not limited by restrictions on allowable practice sites.

Steve Gloe and Dennis Schuh, attorneys from the Department of Regulation and Licensing, presented some information on the statutes and administrative code provisions that regulate licensure of foreign-trained dentists and the scope of practice for dental hygienists.

The statutes allow the DEB to establish by rule the requirements for licensure of foreign-trained dentists in Wisconsin. The Board's rules require foreign trained applicants to provide verification of education from a board-approved foreign graduate evaluation program of successful completion of an approved evaluation. In the past, Marquette University Dental School provided this service, but it has stopped doing these evaluations.

Currently, the Board has not approved any foreign graduate evaluation program. Therefore, there is no process to grant licensure to foreign-trained dentists in Wisconsin. Many members of the DEB believe that a foreign evaluation service must conduct onsite visits at foreign dental schools in order to gain the information needed to consider licensing foreign dentists. Members of the DEB have expressed a lack of confidence in the existing evaluation services used by other states. There are currently nine foreign-trained dentists awaiting a decision on their applications for licensure from the Board.

It was noted that some foreign-trained dentists are licensed to teach at the Marquette Dental School, but are not licensed to independently practice dentistry in Wisconsin.

On the issue of Dental Hygienists, the legal staff pointed out a couple of discrepancies between the Wisconsin Statutes and the Administrative Code as well as their specific requirements for licensure of a dental hygienist.

Following the testimony, the Task Force members asked questions and began discussion of he agenda topics.

Dr. Eisenberg: Is loan repayment only offered to Wisconsin students? Dr. Christman replied that the Office of Rural Health is looking at recruiting programs and building a relationship with Marquette University to improve supply.

Several members pointed out that there is no residency/internship program required (as is the case in the medical profession) for licensure of a DDS.

Members expressed a need to do something to improve oral health care in nursing homes. Currently, dental hygienists may practice in nursing homes but require a dentist to conduct a yearly examination and provide a written or oral prescription. It was suggested that tele-dentistry could improve access in long term care facilities under current policy.

Some Task Force members questioned the aspect of liability insurance in the oral health profession. Nancy McKenney stated that because the scope of practice is narrow and there are few complaints or disciplinary actions, a hygienist's liability insurance is quite reasonable. Kathleen Endres noted that the costs are approximately $38 a year if the hygienist works with a dentist but wants his/her own coverage. For a dental hygienist that works as an independent contractor, the cost starts at approximately $110 per year.

Bill Bazan: The Wisconsin Hospital Association supports dental hygienists being allowed to practice to the full scope of their training. They also support an advanced dental hygienist licensure with greater scope.

When asked what Marquette needed to help answer the issue of access to oral health, Dean Lobb stated that they get clinical support from the state and tuition assistance is very important. An option to pay one-half of tuition and tie it to service was suggested by several members of the Task Force.

On the issue of foreign-trained dentists, concern was expressed that standards should not be lowered and evaluation of the individual school's educational standards was necessary. Members agreed that we only want to license qualified applicants. It was noted that there is a pathway for foreign-trained physicians and other professionals to be licensed. Several questions were raised about foreign-trained dentists. Could the Marquette University Dental School re-institute the evaluation of programs and assist with equivalency requirements? What do other states do to evaluate education and provide training for foreign-trained dentists?

Some of the dentists on the task force stated that it is important that the DEB serve as a gatekeeper. Once an unqualified dentist receives licensure, it is extremely difficult to get his/her license revoked. Dr. Dahl, a former DEB chair, cited an example from when she was a member of the DEB. She said that there was a doctor who they received many complaints about.

When they looked back in their records to see when and how he received his license in Wisconsin, records were not available since the Department of Regulation and Licensing records are destroyed after five years. Disciplinary action took almost four years due to the legal process and the complexities of the investigation. In addition, she added that there is in fact a pathway for foreign-trained dentists to get licensed in the United States. An extensive document entitled "Licensure for International Dentists" can be found on the American Dental Association's Web site.

Several suggestions were made on ways the DEB could evaluate and license qualified foreign-trained applicants:

- Use existing evaluation services.
- Allow foreign-trained dentists to get an equivalency degree.
- If all the required exams are completed successfully, an individual could get a license after one probationary year.
- Require successful completion of one year of working under supervision in order to be granted a license (maybe in a rural/shortage area).
- Do not reduce standards for licensure but provide a system for foreign-trained dentists in Wisconsin.
- Request that the DEB review the evaluation services available and approve one.
- Foreign schools could ask for United States accreditation.
- If there is value in the national and regional board exams, successful completion of the exams should determine if a foreign-trained dentist is qualified.
- Determine whether the American Dental Association has or recommends a pathway for foreign-trained dentists to be licensed?

The Task Force then moved onto the topic of access in shortage areas and the question of how to get oral health professionals into those areas.

Stephanie Burrell pointed out that reimbursement and funding have less to do with where dentists locate than the perceived quality of life in those areas. Midge Pfeffer countered that quality of life is unique to each individual. Carl Eisenberg added that we cannot change the quality of life issue so we need to study other incentives or focus on mobile dental vans or tele-dentistry.

The Wisconsin Dental Association was asked what their strategy is to expand access in Wisconsin. The Wisconsin Primary Health Care Association (WPHCA) talked about increasing the public health curriculum at Marquette to provide greater training in dealing with a wide range of populations. Sarah Lewis, from WPHCA, said that their surveys found that Minnesota and Iowa dental schools require more community and public health training and that more of their students end up working in rural/shortage areas.

Maureen Oostdik-Hurd described the City of Madison Public Health Department oral health triage system.

Midge Pfeffer: Two options that could increase access to oral health: 1) allow dentists to delegate responsibilities to dental assistants and dental hygienists, allow them to practice under indirect supervision, and 2) clarify that dental hygienists can determine the need for sealants and fluoride varnishes and place them.

The members had a short discussion about the access issues relating to Medicaid clients and the question of how to increase dentists taking Medicaid patients. Medicaid issues will be addressed in depth at the January 7th meeting.

The Task Force discussed the concept of how they would report on recommendations that could not gain unanimous support. This issue will need to be addressed, possibility with a minority report, when we begin working for consensus on our recommendations.

Dr. Eisenberg: We need to expand sites where dental hygienists can practice not just clarify their expanded scope. The Department of Regulation and Licensing pointed out that from the perspective of the DEB at this time, an oral health professional could be reprimanded for placing a sealant over decay.

Dr. Burell: Sealants limit the progression of dental caries. I support dental hygienists placing sealants.

Several members are interested in encouraging the UW System to offer a dental hygienist bachelor's degree like Marquette did previously. Marquette discontinued it when they determined it was not cost effective.

The Task Force members then participated in a brainstorming session citing any recommendations that they would like to consider. **See Appendix A**.

The Task Force discussed the items and will work further at an upcoming meeting to determine which items should be advanced as recommendations to the Governor.

At the end of the meeting, the Task Force prepared for the January 7th meeting that will focus on Medicaid.

Topics that need to be defined:

- How can we access federal dollars to address oral health access? Can we create a DSH type program to deal with the dental issue?
- Does paperwork need to be further streamlined?
- Information from managed care and their dental administrators on how they provide oral health services.

The Task Force adjourned the meeting at 2:00 p.m. after a discussion of the upcoming schedule.

The next meeting of the Task Force will be Friday, January 7th at the Madison Public Health Department. Additional scheduled meetings:

January 14, 2005
February 18, 2005
March 11, 2005
April 15, 2005

Please reserve these dates on your schedules. All meetings will be four hours (from 10 a.m. to 2 p.m.) at the Madison Public Health Department unless an alternative location is needed.

APPENDIX A

Brainstorming Recommendations for Consideration

- Establish self regulation for dental hygienists
- Train more dental hygienists to become teachers – Explore possibility of creating master level RDH program in Wisconsin.
- Explore similar relationship between DDS and RDH as between PAs and MDs.
- Provide funding for Dental Hygienist adjuncts to provide care (Early childhood, disabled, special needs)
- Establish dental therapist according to Alaska model
- Look at possible incentive based programs to attract oral health professionals to rural/shortage areas – i.e. tax breaks.
- Increase job opportunities for RDHs
- Increase practice settings
- Increase scope of practice
- Increase practice settings where RDHs can work without supervision.
- Efforts to diversify oral health professional pool.
- Expanded delegation of functions for dental assistants and hygienists.
- Establish a collaborative practice arrangement by statute.
- Allow RDHs to do exam/screening for children entering Kindergarden -- mandate recommended follow-ups.
- Add more public health RDH in five DHFS public health regions, and/or in each county.
- Don't create distinctions between 2 year and 4 year RDHs. Keep same licensure process for bachelor and tech degree.
- Eliminate 2-year waiting lists at Tech Colleges, increase capacity.
- Allow dental hygienists to determine the need for dental sealants and place them.
- MA pilot program with a sunset to provide incentives (increase reimbursement rates, loan forgiveness, tax incentives) for oral health professionals taking MA patients or working in shortage areas.
- Allow cost based dental reimbursements to critical access programs.
- Find ways to increase revenue to be used to increase reimbursement – user fees.
- Eliminate MA HMOs for dental care
- Funding for case management/follow-up for care needed based on out-of-office screen. (MA)
- Certify RDH as certified MA providers
- DHFS make MA paperwork like commercial insurance
- When dental visit involves dental assessment, MA should cover.
- Funding for MA dentists with a history of serving MA patients.
- Raise reimbursement rates for oral health professionals to the 75th percentile.
- Increase reimbursement rates to cover costs.
- Restorative services out of HMOs
- Coordinate accreditation standards to match statutes and rules
- Investigate the possibility for a 1 year residency program for foreign trained dentists as a pathway for licensure.
- Regulation and Licensing requirement of public service training for licensure for all oral health professionals
- Develop Regulation and Licensing pathway with minimal hoops for foreign trained dentists.

- Educate general dentists to see children under 3.
- Develop a BS for advanced practice RDH.
- Increase number of in-state students and Marquette to 50.
- Increase funding for Wisconsin residents at Marquette to 50% of tuition costs.
- Tie tuition reimbursement/load forgiveness to those who practice in Wisconsin no matter where they study dentistry.
- State to fund 5-plus dental spots at Marquette who commit to serve low-income patients.
- By statute, fund tuition support to individuals practicing in rural settings, PHPSA.
- Implement public service training in oral health programs.
- Provide general dentists more training in oral health for children under 3
- Provide funding for portable/mobile equipment at each DHFS region.
- Screening children at day care (like Head Start)
- Behind the counter sales of fluoride varnish
- Remove desserts from all Head Start programs.
- Provide funding to subsidize communities who fluoridate their water supply.
- Funding for public education and supplies.
- Mandate dental screening/exams for kids entering kindergarten.
- Coordinate EPSDT mandates (starting at 3 years old) with HAP and AAPD recommendations for dental care starting at 1 year old.
- Develop TV and other media to educate public about dental disease
- Prevention
- Transmissibility
- Collaboration with pediatricians on fluoride varnish programs/screenings.
- Provide funding for fluoride varnish programs at WIC and Head Start.
- DPI mandate for school oral health education if school has over 70% of low income level children.
- Early intervention tools and education to prevent dental disease.
- Place sealants on primary teeth in high risk population (like Head Start).
- Tele-dentistry: minimize legislative restrictions in place.
- Community health centers contract dentists for services (public/private) Better connection and referral sources.
- Educate patients on how to be good oral health patients – educate on clear expectations.
- Mandate that hospitals have dental staff on board (or know when to send patient to a dentist)
- Tax vending machines in schools that sell soda
- Remove soda machines from schools
- Find solution to nursing home workforce issues.
- More school based dental clinics.
- Expand loan forgiveness to other areas of the state beyond health professional shortage areas.
- Access federal dollars – Medical and Dental sides – DSH program expand to include dental (add on for those serving disproportionate care).
- Public health model for utilization of RDHs and Assistants at community health sites (to limit need for dentists to be there)
- Collaborative Practice arrangement by statute